

1. DATE OF INCIDENT 18-FEB-2014		TIME 11:28:00		2. ADDRESS OF OCCURRENCE 3146 S DAN RYAN LOCAL DB CHICAGO, IL 60616		3. LOCATION CODE 259		4. BEAT/OCCUR 0915								
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME CAULFIELD		7. FIRST NAME ROBERT D		8. STAR NO. 11321		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 510		12. HT. 190	
	14. DATE OF APPT. 27-AUG-2007		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 009 4115D		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	20. LAST NAME UNKNOWN		21. FIRST NAME		22. M.I.		23. SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE		25. D.O.B.		26. HT.		27. WT.	
	28. ADDRESS CHICAGO, IL		29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	36. CHARGES PLACED				37. CB NO. 00000000		IR NO.									
REASON FOR USE OF FORCE (Check all that apply)	38. DNA		SUBJECT'S ACTIONS		MEMBER'S RESPONSE											
WEAPON DISCHARGE INCIDENT	39. DNA		40. ADDITIONAL INFORMATION OFFICER USED DEADLY FORCE TOWARDS AN UNKNOWN INDIVIDUAL THAT POINTED A HANDGUN IN THE DIRECTION OF R/D.													
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR									
	45. TASER DART ID NO.		46. WEAPON SERIAL NO. (Include Letters) NPP088		47. CHICAGO GUN REG. NO. R0209728		48. IL FIREARM OWNER ID. NO. 67420342		49. HANDGUN CERTIFICATE NO.							
	50. SPECIAL WEAPON CERTIFICATE NO.		51. PROPERTY INVENTORY NO.		52. TYPE OF AMMUNITION USED Department Issued		53. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		54. TOTAL NO. OF SHOTS MEMBER FIRED 14							
CASE INFO.	55. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		56. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		57. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 13		58. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		59. DID MEMBER USE SIGNS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO							
	60. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		61. SPECIFY METHOD/EQUIPMENT USED TO RELOAD EMERGENCY RELOAD		62. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 06 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		63. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN		64. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input checked="" type="checkbox"/> 05 OTHER (SPECIFY) IN POLICE VEHICLE							
	65. DESCRIBE PROTECTIVE COVER USED (WIND POLIS, DOORWAYS, CAR, FURNITURE, ETC) IN VEHICLE		66. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		67. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		68. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
	70. REPORTING MEMBER (Print Name) CAULFIELD, ROBERT D		STAR/EMPLOYEE NO. 11321		SIGNATURE 		71. REVIEWING SUPERVISOR (Print Name) DAVEY, THOMAS D		STAR NO. 1400		SIGNATURE 		DATE REVIEWED 19-FEB-2014 00:28:08		TIME	
SIGNATURES	73. REPORTING MEMBER (Print Name) CAULFIELD, ROBERT D		STAR/EMPLOYEE NO. 11321		SIGNATURE 		74. REVIEWING SUPERVISOR (Print Name) DAVEY, THOMAS D		STAR NO. 1400		SIGNATURE 		DATE REVIEWED 19-FEB-2014 00:28:08		TIME	
	75. REVIEWING SUPERVISOR (Print Name) DAVEY, THOMAS D		STAR NO. 1400		SIGNATURE 		76. DATE REVIEWED 19-FEB-2014 00:28:08		TIME							

WOG 1667572
U 14-64
ATT. 16

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject currently being interviewed by detectives.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at the time, it is the preliminary determination of the undersigned that Officer Caulfield acted in compliance with Department policy in that he fired his firearm at an offender in fear for his life, after the offender pointed a handgun at Officer Caulfield.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./GRND. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ANDREWS, CONSTANTIN G

SIGNATURE

DATE COMPLETED

TIME

19-FEB-2014 00:53:28

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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